

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1.						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1.						57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12	1.						62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17	1.						67						
18		1					68						
19		1					69						
20		1					70						
21	1.						71						
22	1.	1					72						
23		1					73						
24		1					74						
25	1.						75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓	↓	↓	↓		TOTAL IND.	↓	↓	↓	↓		
TOTAL DEP.	26	↓	↓	↓	↓		TOTAL DEP.	↓	↓	↓	↓		
TOTAL CLAIMS	33						TOTAL CLAIMS						